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ABSTRACT

Theories furthering understanding of the effects of child rearing practices on psychiatric disturbance are briefly reviewed. Particular attention is given to family dynamics, the double-bind hypothesis, and the development of schizophrenia and related border line syndromes that lead to psychotic phenomena. The issue of child rearing practices is seen to be much more important for the borderline states as the biological and genetic factors associated with schizophrenia are largely absent. Erik Erikson's theory of psychosocial development, in itself and as elaborated in the work of Klein, Horney and especially, Bowlby, is advanced as a basis for understanding the effects of social factors on individual development. It is concluded that, in broad terms, there is little doubt that separation, deprivation and persecution of children contribute to their personality development and are likely to contribute to psychiatric illness. For parents in the 1980s, the writings of D. W. Winnicott, emphasizing the sufficiently attentive caretaker and the context of intimate family relationships, are recommended. (Author/RH)

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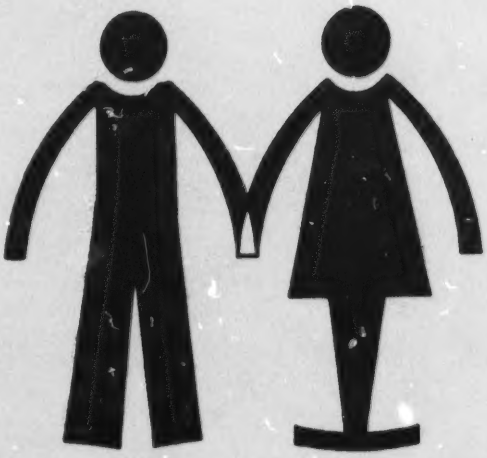

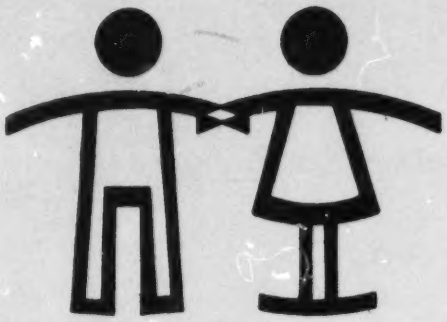

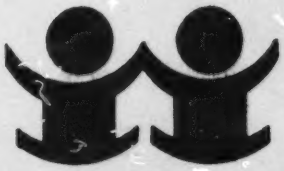

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CHILD REARING PRACTICES AND THEIR RELATIONSHIP TO PSYCHIATRIC DISTURBANCES

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CHILD REARING PRACTICES AND THEIR RELATIONSHIP TO PSYCHIATRIC DISTURBANCE

The intention of this paper is to give a broad outline of the topic that reflects the current consensus in psychiatric circles. I shall particularly try to represent the opinions of the major journals in the field, from the United States and the United Kingdom and discuss salient theories in this perspective. Insofar as it is medical, this perspective belongs to modern psychosomatic theory (Lipowski, 1970), whereby the aetiology of medical illness is seen as multicausal - a balance of predisposing, precipitating and perseverating factors producing a group of clinical features; these are, to a varying extent, a product of the social environment of the person. The disturbed person and their family are in a dynamic equilibrium with this environment.

The social field of consequence for the individual is foremostly that of the intimate social group (the family), and within this group occurs the more intimate practices, models, teaching, and coercion, that influence the organisation of behaviour and existential experience which we call personality. The rearing practices themselves, follow the example given in the parents' own rearing; teachings of "the tribes' wise men", and the broader prescriptions of the culture and its ideas about rearing children (Erikson, 1965; Queen & Habenstine, 1967). That these particular rearing practices may contribute to the causation of psychiatric illness has long been expected; however, how this happens becomes a more subtle study the more the issue is examined.

The effects of the basic characteristics of the culture itself, and how these relate to, and influence child-rearing practices, have been generously and continually discussed in the work and theory of Margaret Mead (1939, pp 9-16) and Eric Erikson (1965). But, unanswered still, is the question of the relationship between rearing practices and those psychiatric syndromes where histories of disturbed childhood experience related to rearing practices are frequent and salient.

First, consider the notion of schizophrenia, over which there has been some controversy during the past twenty years. Bateson and Jackson (1972) of the Paola Alto School in California, put forward "the double bind" as a significant aetiological factor in personality disorder and psychosis in later life, and particularly as a cause of schizophrenia. "Double bind" refers to a variety of interactions which have the common factor, that whichever alternative behaviour the child chooses, it leads to punishment, guilt, persecution, or deprivation. Moreover, there is no escape possible from the field of interaction. They showed how this frequently occurred when the child was given conflicting and contradicting messages.

R.D. Laing (1960) wrote of many interactions between parents and children which had the character of the double bind, were confusing, inconsistent, and required the development of deep-seated personality defences to survive them. His book "The Divided Self" took up an account of the unintegrated and disintegrative aspects of the self (common to schizophrenia and similar states) that were required to adapt to family situations. Laing's theme is the contrast between the emotional development of the ego in fear, helplessness and confusion, and a superficial false-self which develops in conformity to the requirements of parents and others. The inadequate and distorted core ego (that aspect of the developing personality that experiences and must cope with emotions) is then unable to cope with crises of emotional development. Particularly when a false-

self conforms to a powerful disturbed family, the breakdown of personality that then occurs is major. Karen Horney (1950) indicated the similar split between a "real-self on the one hand, and an ideal-self on the other" which is pursued in a compensatory way throughout life, with great unhappiness and self-alienation. It is the end result of compensatory reorganisation of self-perception to cope with threatening inadequacy.

In the middle and late 70's schizophrenia, as a clinical syndrome, has become classified and sub-classified fairly precisely into various aspects that are believed to be illnesses with their own particular biological determinants and concomitants (Pollin, 1972). There is also a series of syndromes (these have only recently begun to achieve a great deal of attention (Gunderson & Kolb, 1978)), that are not classed among schizophrenic illnesses, but have much in common with them, and it became clear in the 70's that what was talked about as schizophrenia in the 60's was a pastiche of these borderline syndromes and the schizophrenias (Last et. al, 1973).

The basic difference between the borderline syndromes and the schizophrenic syndromes is that the borderline syndromes represent those aspects of personality disorder or personality distortion that lead to psychotic phenomena. Essentially, we are dealing with a severe personality disorder or a severe personality weakness prone to psychotic breakdown where the psychotic elements are in the personality itself (Kernberg, 1975). The schizophrenias have been defined in the narrower term of illness (which doesn't include illness in its social sense) where there are a series of common phenomena, and fairly well-studied predisposing and precipitating events. The common form of schizophrenia (particularly characterised by disorder of the form of thought) was previously classified as hebrephrenia (a bizarre psychosis in a young person) or undifferentiated schizophrenia under older classifications, and under future nosology will be classified as "disorganised schizophrenia". The opinions about its aetiology have some consensus. There is a definite genetic element.

It was thought for some time that it was a simple dominant inheritance but now, it is seen to be a more complex genetic predisposition (Pollin, 1972). The key studies are based on monozygotic twins (genetically similar) where one twin is schizophrenic and the other is not. The twin that develops schizophrenia is usually the second born and is sicklier as a neonate and infant, has a constitutional disadvantage compared with the healthier twin, and, more importantly perhaps, develops some especially stressful role, and whose inadequacy is compounded by his or her upbringing (Pollin, 1972; Belmaker et al., 1974). That is, the twin who is sicker or slower, is given the role of the "sick one" or the "slow one". The childhood outcome for this twin is that he/she becomes less adequate in dealing with crisis, so that if subjected to later crises finds it harder to deal with the stress. It is this issue of stress, with all its physiological and psychosocial concomitants, that is thought to be critical in the precipitation of a schizophrenic illness (Brown et al., 1973). Thus, with the particular form of schizophrenia just defined the issue of genetics, constitutional changes, special role in the family, and stress, are linked and significant.

With the border-line states, the issue of the childhood rearing practices has become much more important because here there is not the same clear issue of heredity, no common handicap of thought-disorder, not the same degree of concordance in the twin studies, and no evidence of a biological illness (Chessick, 1972). As a condition of the personality itself its dynamics are an end-product of the upbringing, reflective of the family (Kernberg, 1975). Prevention, through early intervention in the family, will always remain the cardinal point of management. Within this background the double-bind needs to be seen as one small part of all kinds of childhood disadvantage that occur; theories about attachment are generally of help in understanding the basis of the problem.

In considering child-rearing practices, Erik Erikson was the psychoanalyst who produced a theory which had applicability from culture to culture, considered the different social factors which affect development, and gave an account of psychosocial development which is comparable, in many ways, to Piaget's theories of the development of thought and cognition (Erkison, 1959, 1965). Its cross-cultural applicability has stood the test of time whereas Freud's highlighting of the oedipal conflict as universally significant has been criticised because of its narrow applicability to Viennese culture at the turn of the century and cultures like it. Erikson's theory would see the oedipal conflict developing in the total personality evolution and, based upon the adaptation to earlier psychosocial tasks, located in a particular social field. The work of Melanie Klein is an example of a highly detailed and practically useful account of the child's development, which is however, focussed on only the first stage of development according to Erikson. In this stage the development of basic trust relationships with others is seen as crucial (Klein, 1948).

Psychoanalysis has had many theories about the role child-rearing practices play in contributing to various syndromes (Fenichel, 1946). An example is the hysteric personality characterised by dramatic and flamboyant presentation, superficiality of feeling, sexual dysfunction, flirtatious testing, and a tendency to use illness as a means of obtaining care. Originally it was thought to be largely due to heavy suppression of a child's early sexuality and promotion of sexual guilt, but nowadays it would be seen as occurring in a child whose early experiences were not good enough to allow him or her to feel trust and security, and in whom there may have been a crushing of developing autonomy. In other words, the syndrome is not only caused by a specific trauma, but by the whole of the child's experience of rearing.

The psychoanalytic theories of Karen Horney are brought into perspective against the background of Erikson's schemata (Horney, 1950). It is during that part of childhood development where industry and adequacy are issues, with the threat of inferiority close by, that the child who is made to feel inferior can opt for an elaborate "ideal-self" and learn to reject their "real-self" (Erikson, 1965).

Bowlby, by bringing to an understanding of the child and their parents an approach integrating the work of the anthropologist, ethologist, and biologist, into the mainstream of psychologic science, is having an increasing influence on child-rearing practices (Robertson & Bowlby, 1952; Bowlby, 1969, 1973). This has added impetus to the classic earlier work of pioneers like Spitz (1947), who first drew attention to the devastating effect of the institutionalisation of children, which resulted in development being distorted and destroyed. Bowlby's theories encompass the attachment of infants to figures in their intimate social group and their response to loss or threatened loss of these figures (1963). His work has led to increased understanding of major dynamic forces at work in the intimate social group, and to the gradually differentiating affectual responses of the child.

It has been fashionable to criticise his theories, sometimes with a broad sweep of dismissal, reminding one of a common contemporary response to the theories of Darwin. His writings of the fifties, which emphasised the mother as the primary attachment figure, drew a lot of criticism because many were able to put forward exceptions in a wide number of cultures. The academic psychiatrists have also been critical of the coarse measures applied by Bowlby to define clinical syndromes of childhood; these overlooked issues other than attachment and loss which may be important. For example, in criminology there is strong evidence that models of behaviour and expectations of the social field certainly have more salient influence upon the development of anti-social and delinquent behaviour (Wooten, 1959) than the early disorders of attachment and loss in the child.

There is much that needs to be elucidated in the complex way in which biology, intimate behaviour and child-development are linked. The interaction of inherited patterns of behaviour such as the baby's recognition of the nose-eye triad, the intense affectual response to being on its own which develops to a peak of intensity around fifteen months (Bowlby, 1969), the effect of hormone levels on affect and pre-occupation, and the way in which all these factors are part of flexible learned behaviour in a rich social field, are all matters which will be further studied by workers from various disciplines. It would be sad if any view of development which claims importance to the exclusion of others was seen in the foreground out of perspective.

Some theories have had a negative effect on child-rearing practices as well as positive ones. For example, the assertion that the personality is formed in the first five years of life and will not change thereafter has, from being at first an opinion of the implications of psychoanalysis, grown to the status of a social myth. This notion, half-believed and half-feared, tends to raise the anxiety of parents of young children and later, tends towards a defeatist attitude with school-aged children. Although it is the antithesis of patent common sense and inconsistent with the observations of parents, educators and psychologists, the misunderstood psychoanalytic assertion has taken hold of the culture and, at best, confuses. At the worst it leads to fixed roles and sometimes despair. In a therapeutic situation encouraging parents to examine the effect of this myth, and helping them understand that their children continue to test them and their parenting role exhaustively throughout both childhood and adolescence (sometimes well into adulthood), with ever-changing themes and identifications, ever building their personality, results in major relief and leads to the beginnings of being able to choose alternative parenting behaviours.

In a positive direction, the net effect of Bowlby and his colleagues, the Robertsons, has been to heighten the debate about a child's needs for attachment security in a variety of situations and has helped to define a large group of children "at risk", changing the cultural prescriptions for relating to children. Even the reaction *against* his earlier work, which was interpreted somewhat guiltily as indicating the need for the biological mother to stay with her child instead of pursuing her own development, has produced a close look at alternative relationships for the child and the quality and consequences of these, and has been essentially constructive.

The family therapy movement has gradually introduced an awareness of the way in which children express tensions within a family, carry special roles (e.g. the bad one, the mad one) for the family, and react on behalf of dynamic interpersonal forces that keep the family both together and functioning. The influences of the family movements have not affected the culture at large to any great extent. Nor has the important common aspect of transactional analysis and Gestalt therapy, the notion of the unintegrated facets of personality that may conflict, diverge or overwhelm in their lack of coherence (see references Berne, Horowitz, Perls). However, all of these add to an understanding of child development which must ultimately have an influence on the main-stream of child-rearing practices.

Certainly, Erikson's thesis of a culture being reflective of its child-rearing practices stands as a challenge today. And whether it is a culture conducive to neurosis, military glorification, eating soil, honorable suicide, sun worship, or cannabilism, all will be closely linked with the child-rearing practices predominantly practiced (Dunham, 1976). Similarly, in broad terms, there is little doubt that separation, deprivation and persectution of children in particular circumstances, contributes to their personality and is likely to be one of the complex contributing factors to psychiatric illness.

In the ninteen-eighties, parents could gain much from understanding the writings of D.W. Winnicott. Two of his notions have become basic to child psychiatry: "the good-enough mother", meaning that no child requires perfection from parents and will adapt and grow with a wide variety of parenting; and "there is no such thing as a baby", meaning that a baby was never to be considered on his own, only within the context of his intimate relationships, particularly the mother/baby twosome.

At this time the formation of the bond between adults and children, and the stable committment inherent in an adequate bond becomes the very context itself, as well as a major buffer to the impact of rearing practices on the child.

The inquiring reader would surely profit from reading the Winnicott works given in the references, as well as the third book in John Bowlby's "Attachment and Loss" series, only recently published.

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